

3738

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Clifton A. Alferness, John M. Adams, Mark L. Mathis, and David G. Reuter

Serial No. 10/011,867

Filing Date: December 5, 2001

Title: ANCHOR AND PULL MITRAL VALVE DEVICE AND METHOD

Examiner/Unit: Urmi Chattopadhyay / 3738

Attorney Docket No.: 1931-7-3

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JUN 18 2003

TECHNOLOGY CENTER R3700

## TRANSMITTAL LETTER

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class mail in an envelope addressed to: MS NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 11th day of June, 2003.



Signature

## TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

The fee has been calculated as shown below:

No additional claim fee is required.

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Computation of Fee  
For Claims as Amended

	<u>Claims Remaining After Amendment</u>		<u>Highest Number Previously Paid for</u>		<u>Present Extra</u>	<u>Rate</u>	<u>Addl. Fee</u>
Total Claims	43	Minus	43	=	0	x \$18/\$9 =	\$-0-
Independent Claims	5	Minus	5	=	0	x \$84/\$42 =	\$-0-
Total additional fee for this amendment							\$-0-

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the additional claim fee is enclosed.

XX AN Information Disclosure Statement w/references (4) is enclosed.

Charge \$ \_\_\_\_\_ to Deposit Account No. \_\_\_\_\_. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP

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